



# MEMBERSHIP APPLICATION

DeMolay  Squire

First Name

Middle Name(s)

Last Name

Address

City/Town

Postal Code

Province

Phone Number

Secondary Phone Number

Email Address

By providing this information you are permitting DeMolay Canada to contact you with contacts listed

Date of Birth:

DD

MM

YYYY

Shirt Size *(Optional)*

School

Grade

Extracurriculars

Clubs

Do You Work:

No

Yes

if yes, where?

## Favourites

School Subject

Movie

TV Show

Book

Hobbie(s)

Video Games

Other?

Do My Parent(s)/Guardian(s)  
Approve of me joining DeMolay

Parent/Guardian Name

Parent/Guardian Name

Parent/Guardian Email

Parents/Guardian Phone Number

Parent(s)/Guardian(s) Signature

Signature

Date

Signature

Date

Is Applicants Father a Senior DeMolay?

If So, What Chapter?

Is Applicants Father a Mason?

If So, What Lodge?

Does the applicant have any masonic relatives? If yes, who and how are they related?

Friend that may be interested

Phone number

Email

Friend that may be interested

Phone Number

Email

Friend that may be interested

Phone Number

Email

## The Following is to be completed by the Chapter

Date of Application

Membership Fee

1st DeMolay Sponsor Signature

Phone Number

DD

MM

YYYY

2nd DeMolay Sponsor Signature

Phone Number

DD

MM

YYYY

Masonic/ Sr. DeMolay Sponsor Signature

Phone Number

DD

MM

YYYY

## Administration

Date Application received

Date Membership Fee Received

Payment Method

Date Of Investigation

Investigation Chairman

Date Of Balloting

Result of balloting

Date of Initiatory Degree

Date of DeMolay Degree

Date of Ritual Received

Date of First Obligation

Date of Second Obligation